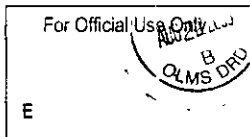


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440.



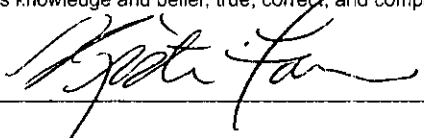
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10357</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Kristin</u> <u>N</u> <u>Farr</u> P.O. Box, Bldg, Room No., if any Street <u>15205 52nd Avenue South</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code +4 <u>98188</u>	4. Name, file number, and address of labor organization. Name <u>SPEEA, IFPTE 2001</u> Labor Organization File Number <u>043-598</u> P.O. Box, Building and Room Number, if any Street <u>15205 52nd Avenue South</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code +4 <u>98188</u>
5. Position in labor organization. <u>Legislative Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>The Boeing Company</u> Trade Name, if any: P.O. Box, Bldg. Room No., if any <u>P. O. Box 3707</u> Street City <u>Seattle</u> State <u>Washington</u> ZIP Code +4 <u>98124</u>	7.a. Nature of Interest, Transaction, or Income. <u>Dinner meeting between the SPEEA Legislative Committee and Boeing's Government Affairs Representatives. SPEEA and Boeing take turns paying for the dinner each year (i.e., SPEEA paid for everyone in 2003 and Boeing paid for everyone in 2004).</u> 7.b. Amount. <u>\$50</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/15/05</u> Date	<u>206-433-0995 ext. 129</u> Telephone Number

Name of Person Filing Kristin Farr	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. _____ _____ _____ 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. _____ _____ _____ 12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____ _____ _____ 14.b. Amount of payment. _____
13.b. Is the Business an Employer _____ or Consultant _____ ?	